



Electronic Information Disclosure Statement

SYSTEM AND METHOD FOR DISTRIBUTED STORAGE OF PERSONAL INFORMATION

Application:



09/427787

Confirmation:

3759

Applicant(s):

Palaniswamy Rajan

Docket Number:

22022.0004

Group Art Unit:

2155

Examiner:

Nguyen, T.

search string:

(4987538 or 5483445 or 5745884).pn.

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■ *That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 1.56(c) more than three months prior to the filing of the information disclosure statement.*

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US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

| init | Citation No. | Patent Number | Date | Bar Code | Patentee | Class | Subclass |
|------|--------------|---------------|------------|----------|----------------|-------|----------|
| TM | P01 | 4987538 | 1991-01-21 | | Johnson et al. | | |

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|--------|---------|------------|--|-----------------|
| TH P02 | 5483445 | 1996-01-09 | | Pickering |
| TH P03 | 5745884 | 1998-04-28 | | Carnegie et al. |

Remarks

(Remarks are not for responding to an office action.)

Submitted hereinabove is a listing of documents known to applicants and/or their attorneys in compliance with the requirements of 37 C.F.R. 1.56. Applicants believe that this Supplemental Information Disclosure Statement is being submitted in accordance with 37 C.F.R. 1.97(c)(1) with certification under 37 C.F.R. 1.97(e)(2) after the first office action on the merits but prior to a final disposition of the above-captioned application. Consideration of the cited documents and making the same of record in the above-captioned application are respectfully requested. No fee is believed due, however, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 14-0629.

Signature

| Examiner Name | Date |
|---------------|----------|
| TH | 11/18/04 |

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